

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5226-5

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3	2		1		1	
4	2		1		1	
5	2		1		1	
6	2		1		1	
7	2		1		1	
8	1				1	
9	1		1		1	
10	1				1	
11	1		1		1	
12	1		1		1	
13	3		3		3	
14	3		3		3	
15	3		3		3	
16	3		3		3	
17	3		3		3	
18	3		3		3	
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TOTAL IND.		↓	4	↓	5	↓
TOTAL DEP.	←		16	←	20	←
TOTAL CLAIMS			20		25	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						